7

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

6/22

FOR STATE REGISTRAR		DEPARTMEN	NT OF HEALT			REG. NO.	0 /	G.m	6a
1. DECEASED NAME FRS (TYPE OR PRINT) John		lcolm	ASHLE	Y		June	21, 198		:20 P
3. SEX	4. RACE	5.	DATE OF BIF			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS D	EAR IF UP	NDER 24 HRS
Male	Wh	ite D	ecembe	r 27,	1898	82 yr		ATS HOL	JRS MIN
70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland		CIA	MARRIED T		RRIED 🔲	9. BALTIMORE CITY OR COUNTY OR COUNT	NTY OF DEAT	Н	MD
10. CITY OR TOWN OF DEATH Centreville	(IF NOT IN SUC	HOSPITAL, NURSING I CHEACHITY, GIVE STREET ADD A HILLS NU	RESS)			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Farmer(retired)	Far	ming	siness or neral
Maryland Que	COUNTY eenAnne's	GIVE RESIDENCE BEFORE AD 13¢ CITY OR TOWN Centrevil	1 13d.	INSIDE CITY	LIMITS?	R.D. #1, Box	sica Ne	eck	
14 FATHER'S NAME GEORGE	Philip	Ashley	15. /	MOTHER'S M		MIDDLE	Co	oper	,
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YES)	S. ARMED FORCES? ES, GIVE WAR OR DATES) WW I	166. SOCIAL SECURIT		ohn M.	2011	ey, Jr., Centre	eville,	Md.	21617
underlying couse lo	ch (b) (b) DUE TO, Q	RAS A CONSEQUENCE RAS A CONSEQUENCE FANCINE PARTITION OF THE PROPERTY OF TH	neg ons	1/1	slas	P SECTION CONSTITUTION	3	Ć	<i>y</i> .
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		ITION FOR WHICH OP					YES, WERE FIR RTIFYING CAU	NDINGS L	
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	PFINJURY M. MONTH DAY M.	YEAR 19	. HOW INJUR	RY OCCURR	ED JENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART	7 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	REET, FACTORY, OFFICE, FARM	A, ETC.)	LOCATION		CITY OR TOWN	COUNTY	E.	STATE
22a. I certify that (I) (this sow the deceased all above (I)(we) (did) (c		e deceased from	, ond the		r) opinion d	to VIII 21	22c. D	ATE SIGN	IED
JE PHYSICIAN'S NAME,				ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN	6	-23	-8/
James L. Lo	ongmore, M	.D.		Centre	ville	, Md. 21617			
230. BURIAL, CREMATION, REMO	OVAL 236. DATE		hester		MATORY	23d LOCATION CITY OR TOWN Centreville	COUNTY	M	STATE

DHMH-16 60M 1/73

(VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely littled at by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages | and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the hospital or attending physician.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumatic event, the

Barton Bros.

James H. Barton, Jr., Centreville, Md. 21617

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR

- STATE

REGISTRAR

		CEASED NAME FRIST	MIDDLE	13 14	ST	20. DATE OF DEATH MONTH
eath		HOPE (NARREI	7 CE	PPER	6-8-8
after dear	3. SE	DALE !	RACE	S. DATE O	30 1907	6. AGE (IN YEARS LAST BIRTHDAY) YRS.
	Je B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COL	INTRY?	□ NEVER MARRIED	BALTIMORE CITY OR COUNTY
thin 7	10,0	ITY OR OWN OF DEATH 11	I. NAME OF HOSPITAL,	WIDOWE	ROTHER INSTITUTION	120 USUAL OCCUPATION
of C	1	SNITEVILLE	CORSICI	FIRET A GRESSI/S	NIE CENT	(TYPE OF WORK FOR MOST OF WORKING IN Salesman -F
and interpretation of the second	130 130	STATE (ANI) RE	NA HER INSTITUTION, GIVE RESIDEN	OR TOWN	IN INSIDE CITY LIMITS?	130. STREET ADDRESS in St
×	14. F	HOPE CMD	DOLE CO	PRER	Clara	ME MIDDLE
event, the medical		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		30 8283	Frances St	utton Kennedyv
nsit permit. Then please remove carbor Hygiene prior to burial, cremation, or n 18 shows any injury, or other traums	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COIL	DUE TO, OR AS A COR	NG TO DEATH BUT I		A POLO C MESCOLIA ME LUCY OLE IN CE 100 AUTOPSY? YES NO YE
Iter I		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1/F EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, I
narked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN
VT: If Item 21 is m		22a.l certify that (I) (this haspital saw the deceased alive an abave. (I) (we) (did) (did nat) v 22b. SIGNATURE		, an	DEGREE	deoth accurred an the date and hou
with the Sta		Patrick A.	Molony		220 ADDRESS Chesterto	
shoul with IMPC	230.		23b. DATE 6/10/81		METERY OR CREMATORY Hill Cem.	Church Hill,
1H-16 25M 15, 4) 1/79	24 F	HWILLS 4	Jells Che	Stertow		E REC'D. BY REGISTRAR 25b. REGIST

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2b. HOUR 355 IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS OF DEATH 12h KIND OF BESTSHOR INDUSTRY & Seeds ille, Md. EN IN PART TIO S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🗌 NO [PART 1 OR PART 2) COUNTY STATE 19_____, that (I) (we) last ir and fram the causes stated 22c DATE SIGNED 6/8/81 STATE . bM RAR'S SIGNATURE

Catherlie Elis et His Now Contra Cotton extended to the second of the second

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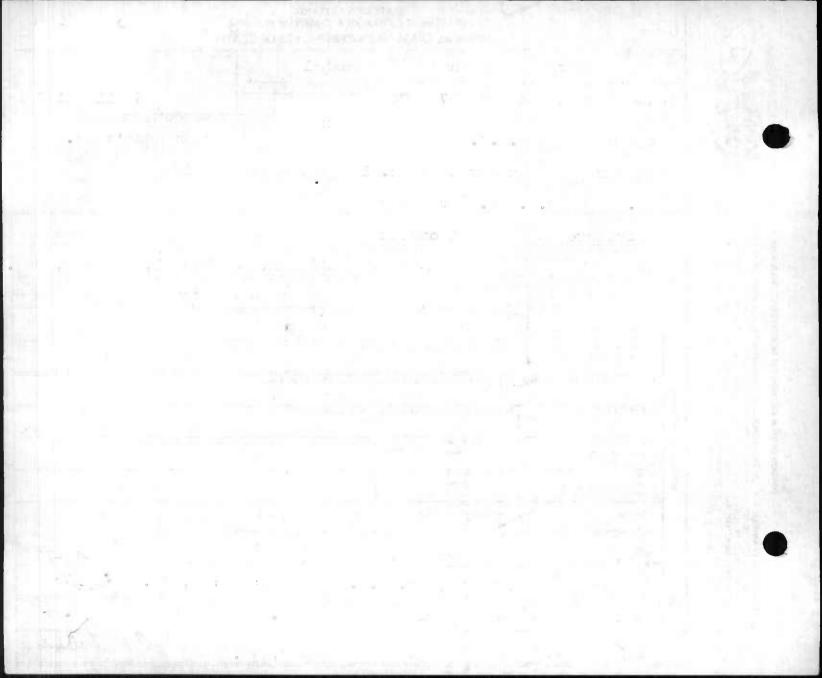
(A)	1-	FOR STATE REGISTRAR			EPARTME	NT OF H	EALTH		ENTAL			REG. N	1 6	7	2	4
2825	(TYPE		Mary		Anna			ishe.			2a. DATE S OF DEATH	KNOWN ESTI- MATED	MONTH		YEAR	2b. HOUR
	1. SEX fer		hite	S. DATE OF BIRTH	07	AGE (IN YEAR LASTY PLIDAY) YRS	MONTH		IF UNDER	R 24 HRS.	PRONOUN DEAD	CED	6 6	11	91 19	3 P
TAY IS PECISON OF THE FIRST OF	M &	RTHPLACE (STATE OR REIGN COUNTRY) ATYLAND YOR TOWN OF DEA Chester	ATH	7b. CITIZEN OF WH U.S.A. 11. NAME OF HOSE (IF NOT IN SUCH FACE at her	PITAL, NURSI	NG HOME,	WIDOW OR OTH		DIVORO	12a. USI	9. BALTIMO QUE UAL OCCUP MOST OF WORK OUSEW	en A	nne'	S C	0.	MD SINESS Y
F ANY DE 2, AND 3 T SHOULD TRECORD	USUA 13a. S1	L RESIDENCE (IF IN NU	13b. COUNT		13c. CITY OF		4)	13d. INSIDE (EET ADDRE	SS				
TER DEATH. PAGES 1. FORM PM. S. 1 AND 2. DN OF VITA		Salvato /AS DECEASED EVER			DiDen	enic		17. INFOR	Toma	sa	MI	ADDRES	SS	Lan	iana	
URS AFTER B. GIVE PA WITH FOI PAGES I	(YE	no, or unknown)	(IF YES, GIVE V	VAR OR DATES)	214-	-20-11				homa	as Du				er,	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI STING THE WORD. "PENDING" IN PENCIL IN TIEM 18 ROBD TO THE CHIEF MEDICAL EXAMINER ALONG THE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if a gave rise ta cause (a) stating lying cause last.	AS CAUSED IMMEDIAT any, which immediate the under-	E CAUSE (a)	AS A CONSE	QUENCE OF	2.0) P.	A A	ng c	mel	ul	ne	, ,	y vo ,	AND DEATH
BE EXE NDING MEDICA AS A B ALTH AL	NOI			ONTRIBUTING TO DEATH B						ART 1 (a).						4
TE SHOULD WORD "PE HE CHIEF O BE USED INT OF HE URIAL, CRE	MEDICAL CERTIFICATION	196. DATE OF OPERA		19b. CONDIT		HICH OPERA								Y	UTOPSY?	NO NO
THE CATE TO THE WOULD IN THE WARTWEN	CAL CE	210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF D	P.M.	MONTH D	19			OCCURRI	ED (ENTER	NATURE OF INJI	URY IN ITEM 1	8 PART 1 OR P	ART 2)		
HIS CERT WRITING ARDED AGE 3 SI ATE DEP,	MEDI	21d. INJURY OCCUR WHILE NOT AT WORK AT W		21e. PLACE O STREET, FACTO	F INJURY (DRY, FARM, ETC.)			TREET			CITY OR TOV	WN	C	YTNUC		STATE
EDICAL EXAMINER: THE THE CERTIFICATE, A SHOULD BE FORW NERAL DIRECTOR: PAD DEATH, WITH THE STANORE, MARYLAND, 2121		22a. I certify that death resulted fran ACTUAL SIGNATURE		e of the remains desc al causes D,	ribed abave, Accident		Autap:	, Hami	Inspection cide	Undet	Inquiry termined ma	nner 🗌	DATE	6-	-12-	81
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A BALTIMORE, MA	22a DI	EXAMINER'S NAME (TYPE OR PRINT)		n R. Smi		ME OF CEMI		ADDRESS_			Ville CATION	, Mo	d.	216	517	

230. BURIAL, CREMATION, REMOVAL 236. DATE 6-13-81 24. FUNERAL DIRECTOR DHMH - 17 Helfenbein-Hubbard Funeral Home Chester, (VR A15 ME (5)) 30M 7/73

250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE

23d LOCATION CITY COUNTY Md . STATE

231, NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.



STATE OF MARYLAND

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Page 4 may be

death certificate be executed within 24 hours offer

ATTENDING PHYSICIAN. The low

TO HOSPITAL

retained by the hospital ar attending physician

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	6	8	Lan	U

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. 1	10.			
		CEASED NAME OR PRINT)	Willia		roscup	JO	NES	2	DATE OF DEATH	ne 18	15 711	26. HOU 4: 30	
)	3. SE)	Male			ite			895	AGE (IN YEARS LAST BI	YRS.	FUNDER I YEAR	IF UNDER HOURS	24 HRS MIN
5	CC	RTHPLACE (STATE SUNTRY) Marylar	nd	76 CITIZEN OF	WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		Queen Ani	-	OF DEATH		MD.
0	(ry or town of Centrevi	lle	Corsic	HEACHLITY GIVE	STREET ADDRESS) S Nursin	g Center		28 USUAL OCCUPATYPE OF WORK FOR MOST		12b. KIND C INDUSTRY)F BUSINE	SS OR
5	13a. S	AL RESIDENCE INT TATE TYLAND	1136 COUN	other institution ity nAnne's	13c. CITY OR	SEFORE ADMISSION) TOWN STOWN	134 INSIDE CITY LIMI YES NO	ITS? 13	R.D. #2,	Box 42	0		
0	14 FA	John	S	mith	JOI	nes	15 MOTHER'S MAIDE Susan		Ashto			lard	
		VAS DECEASED ET ES, NO OR UNKNOWN Yes		MED FORCES? WAR OR DATES)		SECURITY NO. 0-2161	Mrs. Maria	_		61 Old Arnold	l, Md.	2101	2
		PART I. DEATI	H WAS CAUSE IMMEDIAT any, which immediate toting the	DUE TO, O	r as a cons	SEQUENCE OF	,S, N		<i>D</i> ,		S S	MATE INTER ONSET AND	DEATH WO -
)	CERTIFICATION	PART 2 OTHER S					NOT RELATED TO THE	E TERMIN	200 AUTOPSÝ?	20b. IF YES,	WERE FINDING CAUSES	NGS USED	H?
7	MEDICAL CERT	21g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEA	Ρ.	M. MONTH M.	DAY YEAR	21c. HOW INJURY O	CCURRED					
	MED	21d. INJURY OCC	OT WHILE T	218 PLACE (AT HOME, STE		FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO		COUNTY	ST	ATE
		22b. Signature	eosed alive an er (did) (did na	mot	17	.19 <u>80</u> , or	nd that in (my) (out) op DEGREE ATTENDI PHYSICI	ING	MEDICAL STA	AFF			,
		John		th, Jr.	, M.D.		27: ADDRESS Centrev	ille	, Md. 216	17	/	/	
	23a. B	URIAL, CREMATIC		23b. DATE		23c. NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION	C	OUNTY	STA	TE.

BP DHMH-16 20M (VRA 15, 4) 7/78

IO FUNEXAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical exami

Burial June 22,1981

Parsons Cemetery

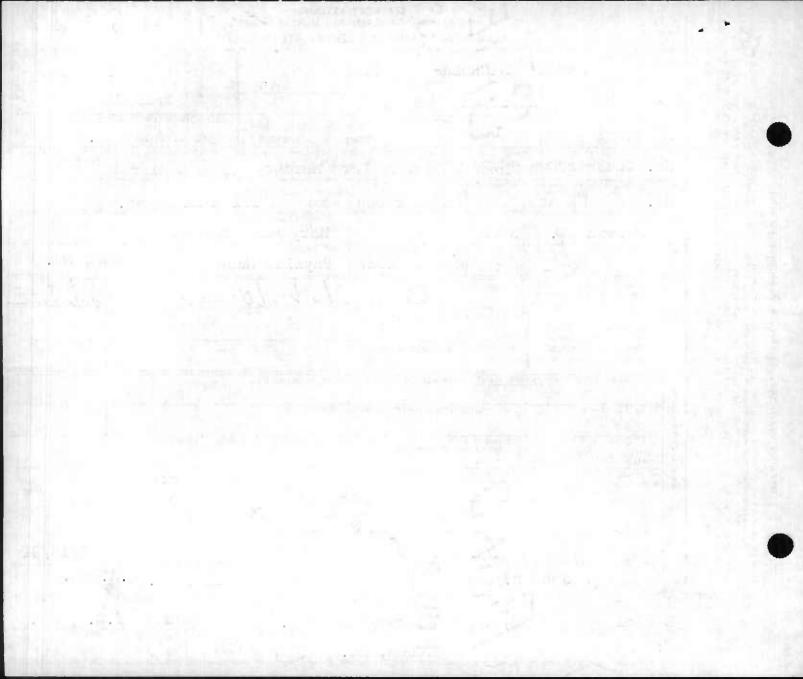
24. FUNERAL DIRECTOR Barton Bros. James H. Barton, Jr., Centreville, Md. 21617

Salisbury, Wicomico DATE REC'D. BY REGISTRAR 735, REGISTRAR'S SIGNATURE 24 1981



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

X5)	1	REGISTRAR	MEDICAL EXAM					
F. S. S. F.		CEASED NAME FIRST JAMES	S NICHOLAS	NASH	2g. DATE KNOWN AND MAKE DEATH MATED	6/15 1981 25 HOL		
RY, PLEASE DIRECTOR DUR FILES 72 HOURS NN STREET	3. SE	le white	5. DATE OF BIRTH 12/10/42 YEAR 38 ST	(IN YEARS IF UNDER TYR. IF UNDER BIRTHDAY) MONTHS DAYS HOURS	24 HRS. PRONOUNCED 6/15	/81 19 YEAR 24 HOL		
NECESSA FUNEBAC 5 FOR Y W THIN	2 M	RTHPLACE (STATE OR REGIN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X NEVER MARRI WIDOWED DIVORCE	ED Queen Ann	e Co.		
DELAY IS TO THE PAGE BE FILED DS, 301 V	N	r. Chesterto	TAME OF HOSPITAL, NURSING IN TOWN & COUNTY OF THE TOWN	HOME, OR OTHER INSTITUTION Ery Ford Mercur	12d USUAL OCCUPATION ITYPE OF W FOR MOST OF WORKING LIFE) Y Auto Dealer	VORK 112b. KIND OF BUSINESS OR INDUSTRY		
RETAIL SHOULD	13°M	TATE COUNTY	TY 13c CITY OR TO	I3d. INSIDE CITY LIMITS? PETOWN 15. MOTHER'S MAIDE	111 Rolling R	d.		
CGES 1, CR PM AND 2		Melvin P. WAS DÉCÉASED EVER IN U.S. AR.	Nash MED FORCES? 16b. SOCIAL SEC	Mary Ar	- ANDDIE	LAST		
URS AFTER 8. GIVE PA WITH FOI PAGES 1 DIVISION	()	yes 1963 -	WAR OR DATES) 489 44	2027 Phyllis	01	ctown, Md.		
UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V RIAL-TRANSIT PERMIT. O MENTAL HYGIENE, D		PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	un Shot /	Wound	Jistenler		
BE EXECUDING" AEDICAL AS A BU ATION	NO	PART 2 OTHER SIGHIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).			
SHOULD ORD "PER CHIEF A RE USED TOF HEA	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO		
RTIFICATE G THE WC TO THE SHOULD B PARTMEN	MEDICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED	218. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M. 218. PLACE OF INJURY LATHO	YEAR 19	D (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		
THIS CEI WARDED PAGE 3. STATE DE	WEI	WHILE NOT WHILE C	STREET, FACTORY, FARM, ETC)	STREET RICE S	Chesterland	COUNTY		
CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR RAL DIRECTOR: ATH, WITH THE SE, MARYLAND, 2.		death resulted from: Natural ACTUAL SIGNATURE	RAMORY	Suicide . Homicide	Undetermined monner ,	DATE 6/15/81		
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MV	222.5	EXAMINER'S NAME JOH	nn R. Smith /	ADDRESS OF CEMETERY OR CREMATORY	treville, Md.	Q.A. Co.		
BP	1	SPECIFY)	6/18/81 Resu	arrection Cem.	(23d LOCATION Clinton Clinton Clinton REC'D. BY REGISTRAR	P.G. Md.		
(VR A15 ME (5)) 15M 7/76	-	Millist	Chesterto	wn, Md. JUN	181981			



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. P. ital or attending physician.	CTOR: After this certificate has been stoned by the attending physician and commission the fune and time.
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ATTENDING PHYSICIA ital or attending physiciar	RA
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8	1	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 1	10	6 /	2 8				
-		CEASED NAME OR PRINT!	FIRST	MI	DDIE	· ·	AST ,	24 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR				
~			liolet		owers		rie	6-25-8			7 A.				
4	3 SE	emale	1	White		5 DATE C		4 AGE IIN YEARS LAST BII	YRS.	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.				
35	le. Bi	RTHPLACE (STATE OR FO	DREIGN 71	U.S.	HAT COUNTRY?	MARRIE	DI NEVER MARRIED (A .							
90	C	ry or town of DEA	e	I. NAME OF HE IF NOT IN SUCH CORSI	OSPITAL, NURS IN FACILITY, GIVE STREET C H1118	ADDRESS)	sing Home	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Housew1	TION OF WORKING L	12h KIND C	F BUSINESS OF				
35	13a. S	AL RESIDENCE (IF NURS TATE Md •	MG HOME OR O 13L COUNT Ken	THER INSTITUTION, C Y	ROCK T		13d. INSIDE CITY LIMITS? YES AO	13e. STREET ADDRESS	Ra	ıral	. 5				
40	14. FA	James	Ra	mond	Bower	rs	Mary	Cordeli		Smith	т				
t, the m	()	VAS DECEASED EVER ES, NO OR UNKNOWN!	IN U.S. ARMI (IF YES, GIVE W		219-07		Mrs. An	n Kipp, 447							
vs any injury, or other	ATION	ATION	ATION	ATION	ATION	cause (a), stofin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	SNIFICANT CONDITIONS CONTRIBUTING			DEATH BUT		RMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 200 AUTOPSY? 200. IF YES, WERE FINDIN			NGS USED
9 18 shows	CERTIFICATION	21a. ACCIDENT WAS UND	PERLYING	216. TIME OF			21c HOW INJURY OCC	YES NO	Y	FYING CAUSES ES PART 1 OR PART 2)	OF DEATH?				
9		OR CONTRIBUTING		HOUR A.M	. MONTH D	AY YEAR	7.0								
marked or	MEDICAL	214. INJURY OCCURE	GLE 🗀	21e PLACE O		FARM, ETC	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE				
m 21 is n		220.1 certify that (1) sow the decease abave, (1) (we) (a				, or	, 19, 19	, to on death occurred on the	dote and ha		that (I) (we) las causes stated				
RTANT: If Ite		226. SIGNATURE 226. PHYSICIAN'S NA	us	Show		lui	ATTENDING PHYSICIAN			220. DATE	26(8)				
IMPORTAN		Dr. Pa	trick	Molon			Medical I	Building, (hest	ertown	Md,				
	(Buris Buris		23b. DATE 6-27	-	vesle	y Chapel C	emetery Ro	ck H	COUNTY	STATE				
25M) 1/79		ineral director iname ielfenbei	n-Hul	bard	ADDRESS	Ches	ster , Md 49	N 29 1981	MEREOIS	TRARESIGNAT	URE				

STUROS TELEVISION

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6-27-31 Wesley Unwiel Constant and shift State , St iclforsin-hubbard Bureral Home F